



Montana Public Employee Retirement Administration  
PO Box 200131 • Helena MT 59620-0131  
(406) 444-3154 • Toll Free (877) 275-7372  
<http://mpera.mt.gov>

## ELECTION TO MAKE RETIREMENT CONTRIBUTIONS FOR A COVERED USERRA/MILITARY OR WORKER'S COMPENSATION ABSENCE

Please complete this form to receive a cost statement.

MEMBER INFORMATION		
Last Name	First Name	Last 4 SSN*
Member's Mailing Address		Employing Agency
City	State	Zip
Dates Absent From: _____ Through: _____		
Type of Absence (check one)		
<input type="checkbox"/> USERRA - must be elected and paid for within a time period not to exceed three times the period of service upon return to employment but not to exceed five years. § 19-2-707, MCA.		
<input type="checkbox"/> Workers' Compensation - must be determined to have been work-related within one year after the end of the absence or qualified termination. §§ 19-3-504, 19-8-905, 19-6-810, MCA.		
I understand that I can elect to make contributions for the above absence within the time limits.		
<input type="checkbox"/> I do not wish to contribute for my absence at this time.		
<input type="checkbox"/> I may wish to contribute for my absence – please provide the cost. (A certification spreadsheet will be emailed to employer after this box is selected and form is submitted.)		
EMPLOYER INFORMATION		
If the employee elects to contribute, you must certify the compensation and hours this employee would have earned and worked, if not for the work-related absence. A certification form is attached.		
Employer Representative (please print)		Telephone Number
Employer Representative's Email Address		
REQUIRED SIGNATURES		
Member Signature		Date
Employer Representative's Signature		Date

**RETAIN A COPY FOR YOUR RECORDS AND FORWARD THE ORIGINAL TO MPERA.**